



CITY OF GLOUCESTER – INSPECTIONAL SERVICES
3 POND ROAD, GLOUCESTER, MA 01930
978 281-9774 PHONE 978 282-3036 FAX
Massachusetts State Building Code, 780 CMR, 7th edition
Building Permit Application to Construct, Repair, Renovate or Demolish a
One- or Two-Family Dwelling

This Section for Official Use Only

CONTRACTOR INFO ☐ current ☐ needs updating **INSURANCE INFO** ☐ current ☐ will fax

Signature _____ Date _____ Building Code Edition _____
Building Commissioner/Inspector of Buildings

SECTION 1: SITE INFORMATION¹

1.1 Property Address

1.1a Is this a change of use? Yes ☐ No ☐

1.2 Assessors Map & Lot Numbers

Map _____ Lot _____

1.3 Zoning Information

Zoning District _____ Current Use _____ Proposed Use _____

1.4 Property Dimensions

Lot Area (sq ft) _____ Frontage (ft) _____

1.5 Building Setbacks (ft)

Front Yard		Side Yards		Rear Yard	
Required	Provided	Required	Provided	Required	Provided

1.6 Water Supply (M.G.L. c.40 § 54)

Public ☐ Private ☐

1.7 Flood Zone Information

Zone _____ Outside Flood Zone?
Check if yes ☐

1.8 Sewage Disposal System

Municipal ☐
On site disposal system ☐

SECTION 2: PROPERTY OWNERSHIP¹

2.1 Owner¹ of Record

Name (Print) _____ Address for Service _____

Signature _____ Telephone _____

SECTION 3: DESCRIPTION OF PROPOSED WORK² (check all that apply)

New Construction ☐ Existing Building ☐ Owner-Occupied ☐ Repair(s) ☐ Alteration(s) ☐ Addition ☐

Demolition ☐ Accessory Building ☐ Number of Units ☐ Other ☐ Specify _____

Brief description of Proposed Work² _____

SECTION 4: ESTIMATED CONSTRUCTION COSTS

Item	Estimated Cost (Labor & Materials)	For Office Use Only
Building	\$ _____	Permit Fee \$50.00 plus \$10.00 per thousand on the 'Total Project Cost' Permit Fee..... \$ 50.00 Total Project Cost _____ x 10 \$ _____ Total Fee: \$ _____ Check No. _____ Amount _____ Cash _____ <input type="checkbox"/> Paid in Full Balance due \$ _____
Electrical	\$ _____	
Plumbing	\$ _____	
Mechanical (HVAC)	\$ _____	
Mechanical (Fire Suppression)	\$ _____	
Total Project Cost	\$ _____	

SECTION 5: CONSTRUCTION SERVICES

5.1 Licensed Construction Supervisor (CSL)

Name of CSL Holder

Address

Telephone

Signature

License Number

Expiration Date

List CSL Type (see below)

Type	Description
U	Unrestricted (up to 35,000 Cu. Ft.)
R	Restricted 1 & 2 Family Dwelling
M	Masonry Only
RC	Residential Roofing Covering
WS	Residential Window and Siding
SF	Residential Solid Fuel Burning Appliance
D	Residential Demolition

5.2 Registered Home Improvement Contractor (HIC)

HIC Company Name or HIC Registrant Name

Registration Number

Address

Expiration Date

Telephone

Signature

SECTION 6: WORKERS COMPENSATION INSURANCE AFFIDAVIT [M.G.L. c.152, § 25C (6)]

Workers Compensation Insurance affidavit must be completed and submitted with this application. Failure to provide this affidavit will result in the denial of the Issuance of the building permit.

Signed Affidavit attached? Yes ☐ No ☐ Insurance Certificate attached? Yes ☐ No ☐

SECTION 7a: OWNER AUTHORIZATION TO BE COMPLETED WHEN OWNER'S AGENT OR CONTRACTOR APPLIES FOR THE BUILDING PERMIT

I, _____, as Owner of the subject property hereby authorize

_____ to act on my behalf in all matters relative to work authorized by this building permit application.

Signature of Owner

Date

SECTION 7b: OWNER¹ OR AUTHORIZED AGENT DECLARATION

I, _____, as Owner or Authorized Agent hereby declare that the statements
please print name

and information on the foregoing application are true and accurate to the best of my knowledge and behalf.

Signature of Owner or Authorized Agent

Date

(Signed under the pains and penalties of perjury)

NOTES

1. An Owner who obtains a building permit to do his/her own work, or an owner who hires an unregistered contractor (not registered in the Home Improvement Contractor (HIC) Program), will **not** have access to the arbitration program or guaranty fund under M.G.L. c. 142A. Other important information on the HIC Program and Construction Supervisor Licensing (CSL) can be found in 780 CMR Regulations 110.R6 and 110.R5, respectively.

2. When substantial work is planned, provide the information below:

Total floor area (sq ft) _____	(include garage, finished basement/attic, deck or porch)
Gross living area (sq ft) _____	Type of heating system _____ Habitable room count _____
Number of bedrooms _____	Type of cooling system _____ Number of decks/porches _____
Number of bathrooms _____	Number of fireplaces _____ Enclosed _____ Open _____
Number of half/baths _____	



The Commonwealth of Massachusetts
Department of Industrial Accidents
Office of Investigations
600 Washington Street
Boston, MA 02111
www.mass.gov/dia

Workers' Compensation Insurance Affidavit: Builders/Contractors/Electricians/Plumbers
Applicant Information **Please Print Legibly**

Name (Business/Organization/Individual): _____

Address: _____

City/State/Zip: _____ Phone #: _____

Are you an employer? Check the appropriate box:

- | | |
|--|---|
| <p>1. <input type="checkbox"/> I am an employer with _____ employees (full and/or part-time).*</p> <p>2. <input type="checkbox"/> I am a sole proprietor or partnership and have no employees working for me in any capacity. [No workers' comp. insurance required.]</p> <p>3. <input type="checkbox"/> I am a homeowner doing all work myself. [No workers' comp. insurance required.] †</p> | <p>4. <input type="checkbox"/> I am a general contractor and I have hired the sub-contractors listed on the attached sheet. These sub-contractors have employees and have workers' comp. insurance. ‡</p> <p>5. <input type="checkbox"/> We are a corporation and its officers have exercised their right of exemption per MGL c. 152, §1(4), and we have no employees. [No workers' comp. insurance required.]</p> |
|--|---|

Type of project (required):

6. ☐ New construction
7. ☐ Remodeling
8. ☐ Demolition
9. ☐ Building addition
10. ☐ Electrical repairs or additions
11. ☐ Plumbing repairs or additions
12. ☐ Roof repairs
13. ☐ Other _____

*Any applicant that checks box #1 must also fill out the section below showing their workers' compensation policy information.

† Homeowners who submit this affidavit indicating they are doing all work and then hire outside contractors must submit a new affidavit indicating such.

‡ Contractors that check this box must attach an additional sheet showing the name of the sub-contractors and state whether or not those entities have employees. If the sub-contractors have employees, they must provide their workers' comp. policy number.

I am an employer that is providing workers' compensation insurance for my employees. Below is the policy and job site information.

Insurance Company Name: _____

Policy # or Self-ins. Lic. #: _____ Expiration Date: _____

Job Site Address: _____ City/State/Zip: _____

Attach a copy of the workers' compensation policy declaration page (showing the policy number and expiration date).

Failure to secure coverage as required under Section 25A of MGL c. 152 can lead to the imposition of criminal penalties of a fine up to \$1,500.00 and/or one-year imprisonment, as well as civil penalties in the form of a STOP WORK ORDER and a fine of up to \$250.00 a day against the violator. Be advised that a copy of this statement may be forwarded to the Office of Investigations of the DIA for insurance coverage verification.

I do hereby certify under the pains and penalties of perjury that the information provided above is true and correct.

Signature: _____ Date: _____

Phone #: _____

Official use only. Do not write in this area, to be completed by city or town official.

City or Town: _____ Permit/License # _____

Issuing Authority (circle one):

1. Board of Health 2. Building Department 3. City/Town Clerk 4. Electrical Inspector 5. Plumbing Inspector
6. Other _____

Contact Person: _____ Phone #: _____

BUILDING PERMIT APPLICATION ROUTING & APPROVAL FORM

Minimum Requirements

- Site plan showing setback dimensions
- Floor plan showing building layout
- Structure drawing for any structural changes

Name of Applicant _____

Current Owner _____

Property Address _____

Number of Units _____ Map _____ Lot _____

If box is checked below then sign-off is required by that department.

<input type="checkbox"/> Assessor	Verify Owner Name Verify Map & Lot	Date _____ Date _____	N/A _____ N/A _____	Approved _____ Approved _____
<input type="checkbox"/> B.O.H.	Demolition Septic Well Other	Date _____ Date _____ Date _____ Date _____	N/A _____ N/A _____ N/A _____ N/A _____	Approved _____ Approved _____ Approved _____ Approved _____
<input type="checkbox"/> Engineering	Compensatory Sewer Fee Sewer Connection Drainage Design Curb Cuts	Date _____ Date _____ Date _____ Date _____	N/A _____ N/A _____ N/A _____ N/A _____	Approved _____ Approved _____ Approved _____ Approved _____
<input type="checkbox"/> Fire Dept.	Smoke Detectors Sprinklers	Date _____ Date _____	N/A _____ N/A _____	Approved _____ Approved _____
<input type="checkbox"/> Conservation Commission		Date _____	N/A _____	Approved _____
<input type="checkbox"/> DPW	Water	Date _____	N/A _____	Approved _____
<input type="checkbox"/> Planning Department	Access	Date _____	N/A _____	Approved _____
<input type="checkbox"/> Other (if needed)		Date _____	N/A _____	Approved _____

Comments _____

Is there any Electrical Work? Yes ☐ No ☐
Is there any Plumbing Work? Yes ☐ No ☐
Is there any Mechanical Work? Yes ☐ No ☐

APPROVED BY THE BUILDING INSPECTOR ON _____